

**PARENT OR GUARDIAN'S CONSENT FORM**

**Title of Project: British Association of Dermatologists  
Biologics and Immunomodulators Register**

Name of Chief Investigator: Professor Christopher Griffiths

**Please initial box**

1. I confirm that I have read and understand the information sheet dated 01/06/2020 (version 5.2) for the above study and have had the opportunity to ask questions.
2. I understand that my child's participation is voluntary and that they are free to withdraw at any time without giving a reason and without their medical care or legal rights being affected.
3. I understand and agree that my child's identifiable details (date of birth and health service number, name in Scotland only) may be shared with national providers of healthcare data for the purpose of linking to information held about any hospital admissions they have had, details if they registered as having cancer or, in the event of their death. Details of the organisations linked to are available on the final page of the information sheet and at [www.badbir.org](http://www.badbir.org)
4. I agree for my child to complete the questionnaires and other survey forms about their health.
5. I agree that my child's specialist Dr \_\_\_\_\_ may provide the researchers with information from their Health Records that is relevant to this Study.
6. I agree to my child's information, from which they can be identified, being held by the research team at the University of Manchester together with data collected during the study.
7. I understand that relevant sections of my child's medical notes and data collected during the study may be looked at by individuals from University Of Manchester, their representatives/ agents, the regulatory authorities and individuals from the Hospital. I give permission for these individuals to have access to my child's records which will include identifiable information.
8. I understand that some of my child's data may be transferred to pharmaceutical companies outside of the UK and the European Union. This will not include directly identifiable data, but will contain their initials, month and year of birth, and gender.

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Name of patient

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Name of Person with parental  
responsibility for the patient

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Date

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Signature

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Name of Person  
taking consent

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Date

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Signature

*1 copy for patient; 1 copy for researcher; 1 copy to be kept with hospital notes*